



County of San Diego
HEALTH SERVICES ADVISORY BOARD
1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, September 7th, 2021
3:00pm to 5:00pm
Microsoft Teams
MEETING MINUTES

Members Present	Members Absent/Excused	Presenters	HHSA Support
Afflalo, Suzanne, Dr., Vice Chair Arroyo, Geysil Fraser, Tim Hailey, Katelyn Heygi, Paul Jantz, Barry Knoll, Gregory Lepanto, James Chair Melgoza, Ana Remington-Cisneros, Therese Seldin, Harriet, Dr. Shaplin, Judith Sumek, Caryn (Alternate) Walters, Todd	Alexiou, Dimitrios Alverson Rodriguez, Lisa Correa, Linda Dailey, Jack (Alternate) Ohmstede, Jennipher (Alternate) Schultz, James Tuttle, Henry Wade, Lindsay (Alternate)	<i>Authorize to Extend San Diego Health Connect Contract Board Letter</i> <i>Presentation</i> <i>Deborah Marquette, Chief, ConnectWellSD</i>	Dr. Wilma Wooten, Public Health Officer & Director, PHS Dr. Elizabeth Hernandez, Assistant Director, PHS Dr. Anuj Bhatia, Deputy Director, PHS Dr. Kelley Motadel, Child Health Officer, MCSD Dr. Ankita Kadakia, Medical Director and Branch Chief, TCRH Dr. Maggie Santibanez, AMSA, TCRH Adrienne Yancey, Acting Branch Chief,

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<p>MCFHS Romina Morris, Dep. Budget Mgr., PHS</p> <p>Alison Sipler, Program Coordinator, MCFHS</p> <p>Christine Bride, HPPS, MCFHS</p> <p>Danielle Dorrington, Admin. Analyst III. PHS Admin</p> <p>Rodrigo Ibanez, Admin Analyst III, TCRH</p> <p>Catherine Bender, TEP, TCRH</p> <p>Marti Brentnall, CHPS, TCRH</p> <p>Pedro Hirsch, Administrative Secretary II, PHS Admin</p> <p>Anna-Mai Trinh Administrative Secretary II, PHS Admin</p> <p>Additional COSD Staff Present:</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<p>Amy Thompson, Executive Finance Director, HHSA</p> <p>Ardee Apostol, Asst. Group Finance Dir, HHSA</p> <p>Other Attendees:</p> <p>Barbara Orozco- Valdivia, Stakeholder Engagement Manger, Blue Shield California</p> <p>Samhita Ilango, Student</p>

Minutes	Lead	Follow- up Actions	D u e
	HSAB	Conduct a community forum	
Next Meeting: HSAB Meeting: Tuesday October 5 th 2021, 3:00 – 5:00 pm – Microsoft Teams			
Agenda Item	Discussion		
I. Welcome & Introductions	<p>1. James Lepanto called the meeting to order at 3:04 PM.</p> <p>2. Roll call was noted, and quorum established.</p>		

<p>II. Action Items</p>	<p>1. Approval of September Agenda and August Meeting Minutes</p> <p>a. Agenda: Moved by Tim Fraser and seconded by Greg Knoll.</p> <p>b. Minutes: Moved by Greg Knoll and seconded by Todd Walter. Judith Shaplin abstain.</p> <p><u>Comment from Greg Knoll:</u> There should be a way for it to be shorten.</p> <p><u>Comment from James:</u> Will review</p> <p><u>Comment from Wooten Wilma:</u> You can still vote even if you were not in the meeting.</p> <p>All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.</p>
<p>III. Public Comment</p>	<p>2. No public comment.</p>
<p>IV. Authorize to Extend San Diego Health Connect Contract Board Letter</p> <p><i>Presentation</i></p> <p><i>Deborah Marquette, Chief, ConnectWellSD</i></p>	<div data-bbox="1289 467 1346 529" data-label="Image"> </div> <p>San Diego Health Connect - Health Serv</p> <p>The County is pursuing a contract extension to continue participation in the San Diego Health Connect regional health exchange. The proposed extension is for Jan 2022 through December 2022, with the option to extend for an additional four years - through December 2026. The request will be presented to the County Board of Supervisors on September 14th, requesting authority to extend the contract.</p> <p>The purpose of today's briefing is to refresh this advisory board on the benefits of the data exchange between SDHC and County and answer questions as best possible.</p> <p>Participating in the Exchange and allowing transmission of data to the County and other participants has the following benefits: 1) facilitates communication of health information of patients obtaining care from multiple community partners, and (2) assists providers in meeting the federal requirements of Meaningful Use. <i>(REVIEW dot points on slide)</i></p> <p><u>COVID 19 Details (if there are questions)</u></p> <ul style="list-style-type: none"> • Reporting with Positive Event Notification • Interface between regional labs and the communicable disease registry with both positive & negative results • Event notification system for Contact Testing • Web application • Dashboard • Demographic look-up and search capabilities

The County recently engaged Gartner consulting group to determine the feasibility and cost-effectiveness of the County providing the same services directly. Gartner determine that it would be more cost-effective to continue contracting with SDHC. Gartner also highlighted the key benefits that SDHC provides to the community as the local Health Information Exchange.

Questions and Comments:

Question from Greg Knoll: What are the two san diego hospitals and the 2 QFAC that are not participating SDAC?

Answer from Deborah Maranette: We will follow-up and get that information to the group.

Question from Greg Knoll: Do we know why two are not participating?

Answer from Caryn Sumek: Our two prime hospital, Alvarado and Paradise Valley hospital, I will be more than happy to find out why but those are the two facilities.

Question from Greg Knoll: What about the QFAC?

Answer from Tim Fraser: I don't know at the top of my head but will be an action item to get back to you.

Question from Lepanto, James: Question on the second to last slide, "Future: Working ro improve care coordination between organizations, and supporting those interested in using the HIE for regional population improvement," How does that happen, is that something that the county pursues with the organization or does the organization come to the county and addresses? Are there targets for that or identified sectors or organizations currently for the future?

Answer from Deborah Maranette: It could be both just as an example this is an exisitng not neccesarly for the future but improving care coordinations, I had mentioned we're receiving admin discharge transfers alert for whole person wellness clients. It allowed us to get real time alerts out to the case workers so they can quickly and easily locate ones they lost track of.

Comment from Eric McDonald: One of the area that we see expansion here, only one of the manage care plan is currently member of the information exchange at the present time and this was idenitified participation as the HIE. The CIE is one of the criteria the county laid out in its letter of support criteria manage care plan. For every dollar spent on infrastructure for health information exchange it saves \$6 of repeat lab tests. We hope in the future there will be a robust participation by those who manage the medical population in the county.

Question from Greg Knoll: I hope Deborah is at the meeting on the 16th between the health plan and the county. Where they're going to be talking about a way to make this transision, jan 1st from Whole person welness to healh plans and if they're not

	<p>participating in sharing data.</p> <p><u>Comment from Wilma Wooten, Dr:</u> Comment to what Dr. McDonald said. Improving experience of care, health population, and per capita costs but it also reduces time. The process that our epidemiology takes to report, it is significantly decrease the time that staff spends with managing the process.</p> <p><u>Comment from Lepanto, James:</u> It goes back earlier to what I said about the efficiency of this.</p> <p><u>Comment from Jeff Johnson:</u> Receiving thousands of information packets from our local health care partners and so it's working.</p> <p><u>Motion:</u></p> <ol style="list-style-type: none"> 1. Moved by Greg Knoll and seconded by Geysil Arroyo 2. Recused: Paul Heygi, Tim Fraser, Caryn Sumek 3. The motions carried and the documents were approved.
V. Chair's Report	<p>Comment from James Lepanto re all these topics</p> <p>A. HSAB Meeting Logistics.</p> <ol style="list-style-type: none"> 1. Add: retreat schedule in February <p>B. Chair Discussion with HHSA AEO Regarding CalAIM</p> <ol style="list-style-type: none"> 1. Shared with Nick Macchione details of CALAIM presentation & Board letter from August. 2. Lack of community input: On-going outreach that is in the process 3. Covid Sub-committee: Use structure of Covid sub-committee. 4. HSAB could be utilized to be involved in the community forums (focus groups). 5. Outcome: An on-going process <p>C. Community Inspiration Awards.</p> <ol style="list-style-type: none"> 1. In December 2. Public Health management fellow that is assisting. <p>D. HSAB Youth Board Member.</p> <ol style="list-style-type: none"> 1. In process

E. HSAB Annual Accomplishments Report.

1. In process with Jacki, Nora & Anuj
2. Will send draft when ready (HHSA leadership and BOS in the county leadership).

F. COVID-19 Updates.

1. Press Briefings on County Facebook page:

<https://www.facebook.com/sandiegocounty/>

Comment/Question from Tim Fraser: Thank you for raising the concern and bringing it up to leadership, is there a timeline of when additional state holder meeting will occur?

Comment from Lepanto, James: I didn't hear that, the county called the meeting. As he said, it is a process. I said I would bring it back to the board as an idea and we can put it on the agenda for the next meeting.

Comment from Wilma Wooten, Dr: There is no timeframe that we are aware of.

Comment from Eric McDonald: We will be meeting with the manage care plans next week. There is a town hall event in October for community input being planned. In the process of creating a group to work on CALAIM in the future.

Comment from Wilma Wooten, Dr: One of the suggestions I made in the meeting was that the strategic planning process to conduct community forums. HSAB may be able to rally behind, working with the supervisor and medical care service division to conduct a community forum that is sponsored by HSAB.

Comment from Lepanto, James: We will put it on the agenda for the next meeting.

Comment from Greg Knoll: Support the idea that Wilma brought up. We should be thinking about how in October we should be doing this now.

Comment from Lepanto, James: We can pull a work group together and start working on it together.

Comment from Judith Yates: We have to be careful that we have good

	<p>information that is right. No reason to be nervous about being transparent.</p> <p><u>Comment from Lepanto, James:</u> I will convene a work group meeting to move forward with this. If you are interested you can send me an email.</p>	
VI. Informational Items	<p>Comment from James Lepanto re all these topics</p> <p>A. Subcommittee and Work Group Updates.</p> <ul style="list-style-type: none">• Policies & Program.• Budget.<ul style="list-style-type: none">• Todd Walters• Legislative Committee.<ul style="list-style-type: none">• Barry Jantz• Community Inspiration Awards Work Group<ul style="list-style-type: none">• Todd Walters <p>No questions/comments</p>	

VII. Health Officer Report



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fficer_Report_9_7_21.

I. Communicable Disease Issues

A. Infectious Disease Issues

1. 2019 Novel Coronavirus

- See [COVID-19 Watch](#), published Tuesday, 8/31/21.
- Currently vaccinating all individuals 12 years of age and older.
 - 4/1 – began vaccinating all persons 50 years and older (Phase 1C).
 - 4/15 – began vaccinating all persons 16 years and older (Phase 2).
 - 5/13 – began vaccinating all persons 12 years of age and older.
- 2. On 6/15/21, The State of California retired the tiered system on physical distancing, and capacity limits.
 - San Diego County was in the yellow tier at the time of the retirement of the system.
 - County to scale back vaccine efforts beyond June of 2021.
 - Vaccine will be readily available at hundreds of locations, including pharmacies, health care providers, etc.
 - County will maintain limited vaccination sites and testing sites.
 - On 6/16/21, The County held the last regularly scheduled press briefing for COVID-19.
 - This marked 501 days since the Emergency Operations Center opened for response.
- 3. On 7/26/21, the State Health Officer issued an order for “[Health Care Worker Protections in High-Risk Settings](#)” that covers vaccinations, testing, and masking. Subsequent amendments have been made during August of 2021. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>
- 4. On 7/28/21, The County, in alignment with the Center for Disease Control and Prevention (CDC), made the recommendation, that all people, both fully vaccinated and not, wear masks indoors.
- 5. The current number of COVID-19 cases as of 8/28/21 in the U.S. is over 38,709,295 and 6034,157 deaths.
 - California Cases
 - The current number of cases in CA is now 4,186,261 cases and 65,139 deaths.
 - San Diego Cases
 - San Diego County residents – 331,330 with 3,880 deaths.
- 6. The current number of COVID-19 vaccines administered as of 8/28/2021 is as follows:
 - 2,802,581 = San Diego County population 12 years of age and older (eligible

population).

- 2,101,936 or 75% = State goal to vaccinate eligible population.
- 4,746,115 total vaccine doses received in the region.
- 4,502,939 doses administered and entered in SDIR.
- 2,383,050 (85%) San Diego County residents have received one dose.
- Achieved State goal to vaccinate 75% of the eligible population.
- 2,085,698 (74.4%) San Diego County residents only are fully vaccinated.
- Vaccination sites include community PODs, Super Stations, other partners.
- View all information at www.coronavirus-sd.com.

II. Board Actions and Policies

A. Major Initiative Updates

1. Getting to Zero:

- Dr. Tilghman continues to try to engage HASDIC to get on an upcoming meeting agenda. The Medical Advisory Committee members also have requested a “champion” for routine HIV testing in the Board of Supervisors. The next meeting is not currently scheduled due to COVID-19.
- The HIV, STD, and Hepatitis Branch has been awarded \$9,693,670 in Ending the HIV Epidemic funding for HIV prevention for the time period 8/1/2020-7/31/2025. This complements the \$5,000,000 awarded earlier this year for Ending the HIV Epidemic funding for HIV care and treatment for 3/1/2020-2/28/2025. Procurements necessary to administer the services in each of the grants are under development.

2. Hepatitis C Initiative- Approved by the Board of Supervisors in November 2018: The initiative is on track and continues to be a collective impact approach with American Liver Foundation providing a coordination role along with the participation and leadership of multiple other stakeholders.

- Meetings for all committees have initiated and on track (Steering; Research and Surveillance; Access, Testing, and Treatment; and Consumer).
- The Hepatitis C Elimination Initiative Implementation Plan Board Letter was presented and voted for support by the Board of Supervisors on 7/13/21.

3. Tuberculosis Elimination Initiative-Approved by Board of Supervisors in July 2019:

- In 2/21, the AOC submitted the TBEI Board Memo and Recommendations Report to the County Board of Supervisors that describes barriers to LTBI care, recommendations for progressing toward TB elimination and experiences of TB survivors.
- The TB Elimination Initiative Implementation Plan Board Letter was presented to the Board of Supervisors on 7/13/21.

4. Tobacco Retail Licensing Program-Approved by Board of Supervisors on:

- In addition to applying for and obtaining a County Tobacco Retail License (TRL),

tobacco retailers must comply with other eligibility, operating, and tobacco product requirements. All retailers will be required to renew their TRL and pay an annual application fee (amount to be determined) by 7/1/22.

- The County of San Diego began receiving and processing TRL applications on 6/1/21.

5. Misinformation as a Public Health Crisis-Approved by Board of Supervisors on 8/31/21:

- Despite the availability of a COVID-19 vaccine, there has been a resurgence of COVID-19 cases across the country and state, particularly of the delta variant. This resurgence has led to more infections and hospitalizations than the region has seen since the beginning of the year.
- The BOS recognizes that vaccine hesitancy stands in the way of getting the County population past the COVID-19 pandemic and has committed to developing strategies to actively combat health misinformation.
- The Board Letter directed the CAO to implement seven strategies cited by the U.S. Surgeon General in his advisory entitled "Confronting Health Misinformation," and report back within 90 days on the status of implementation and within 180 days upon completion.

III. Public Health Issues

A. The following Health Observances Days are being held in the month of September:

1. International Overdose Awareness Day: August 31st (participated in community partner press conference).
2. National HIV/AIDS and Aging Awareness Day: September 18th
3. National Gay Men's HIV/AIDS Awareness Day: September 27th
4. National Preparedness Month: all of September.
5. National Childhood Obesity Awareness Month/Fruit and Veggies—More Matters Month: all of September (COI press conference on September 9th).
6. Sexual Health Awareness Month: all of September.
7. National Infant Mortality Awareness Month: all of September.

B. New Grants:

1. Epidemiology and Laboratory Capacity (ELC) Original and Expansion (Approved by the BOS on 6/8/21)
 - The County of San Diego received two funding allocations for the Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (original and expansion). The plan for this funding spans six different strategies that collectively build upon current investments and better prepare the

	<p>County to respond to the needs of the community, allowing for prioritization of resources to serve those most vulnerable to the impacts of SARS-COV-2/COVID-19 and to build infrastructure for preparedness to address other outbreak responses caused by infectious disease.</p> <ul style="list-style-type: none"> ○ These activities are funded by the Centers for Disease Control and Prevention and extend over two funding periods from 5/18/20 to 11/17/22 (original) and 1/15/21 through 7/31/23 (expansion). ○ These funds are intended to provide critical resources to local health departments for a broad range of activities related to COVID-19 testing and epidemiologic surveillance, including the establishment of modernized systems which will lay the foundation for the future of public health surveillance. ○ Funding amounts: Original – \$20,177,680; Expansion - \$123,774,567. <p>2. Center for Disease Control and Prevention (CDC) National Initiative to address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (RFA OT21-2103).</p> <ul style="list-style-type: none"> ○ Approved by the BOS on 7/13/21 ○ MCFHS developed the grant application on behalf of Public Health Services (PHS), which included an extensive stakeholder engagement process with internal County departments to determine activities to leverage or enhance existing COVID-19 response efforts and ensure sustainable public health capacity building efforts for future emergency responses. ○ Public Health Services received the notice of award on 5/28/21 for the full award amount of \$24,255,805. ○ The <i>San Diego COVID-19 Health Disparities Project</i> supports the expansion and strengthening of the local COVID-19 response and prevention capacity through activities in 4 strategies: <ul style="list-style-type: none"> ▪ Increased testing, tracing, and vaccinations, ▪ Improved public health data systems, ▪ Improved linkages to health and social services for vulnerable populations, and ▪ Expanded public health infrastructure for COVID-19 prevention and control to reduce health disparities and expand health equity. ○ Priority populations include racial and ethnic minorities and other low-income populations that have been disproportionately affected by the COVID-19 pandemic. ○ This project is funded by Centers for Disease Control and Prevention (CDC) through the period 6/1/21 through 5/31/23 and will be implemented in collaboration with County staff, community partners, and contracted service providers. Funding amount is \$24,255,805. ○ The Board Letter to accept the funds was approved on 7/13/21. <p>3. Workforce Development Grant</p> <ul style="list-style-type: none"> ○ San Diego County was awarded \$4,647,527 for Workforce Development planning for FY 21/22 and FY 22/23. ○ The funds are allocated to recruit, hire, and train personnel to address COVID-19 response needs
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over a two-year performance period, including hiring personnel to build capacity to address public health priorities deriving from COVID-19.

4.
 - **Immunization Supplement Round 4 Funding**
 - **CDPH Immunization Branch is making available to all counties a Round 4 of supplemental funding to the 5-year base grant. Three other previous rounds of supplemental funding have already been received for COVID-19 response and vaccination operations.**
 - **The County of San Diego will receive \$12,070,009 in round 4 supplement.**
 - **This Round 4 grant has an added equity work plan as part of the grant package and requirements.**
 - **This funding budget is due to the state 9/10/2021 and workplan is due to the state 9/17/2021.**

C. Ongoing Funding

1. Kresge Emerging Leaders in Public Health Grant:

- Working with the *Live Well San Diego* Team to contract with speaker, Trabian Shorters, to provide a series of community conversations on Asset Framing.
 - This is a five-part series where the first session, Session #1: Asset-Framing Keynote, will be paid for by Kresge grant funding.
 - There are four sessions scheduled on a quarterly basis where a select group of ~50-100 people work in a cohort to do a “deep dive” on topics within the Asset Framing subject.

2. National Association of Chronic Disease Directors (NACDD) Multi-state EHR-based Network for Disease Surveillance (MENDS)

- San Diego Health Connect has discontinued their participation. HHSA is looking for other opportunities to continue the project in conjunction with other critical Public Health IT projects.

3. STD Funding:

- San Diego received notice of funding award for STD services in the amount of \$1,045,125 for the period of 7/1/19 to 7/30/24. This represents an annual decrease of \$228,024 per year. CDPH has directed most of the funding to health jurisdictions experiencing high rates of congenital syphilis and syphilis among women of childbearing age.
- HSHB is receiving \$775,254 in STD funding from CDPH State Local Assistance Funds for the time period of 7/1/2019 to 6/30/2022 for STD prevention and control activities. Fifty percent of the funding will be contracted out to local community providers.

4. CalFresh Healthy Living (Formerly known as NEOP or Nutrition Education and Obesity Prevention, through the SNAP-ED Program):

- San Diego Unified School District contract amendment is in process to add:
 - \$105,000 in FFY 21 for additional Resource Teacher support, training, and materials

- \$131,000 for additional Resource Teacher in Federal FY 22
 - Vista Community Clinic contract amended 7/15/21 to add:
 - \$250,000 annually through 7/30/23 for Healthy Cities, Healthy Resident (HCHR) program expansion into two (2) additional cities, Oceanside and Escondido
- **Perinatal Equity Initiative (PEI):**
 - Phase 3 of the Black Legacy Now Media campaign ran in 4/21 and 5/21.
 - The Board of Supervisors authorized acceptance of PEI funding and to pursue future opportunities on 5/18/21.
 - **The next PEI Community Advisory Board meeting will be held on 9/10/21 via Microsoft Teams.**
- 5. **CDC Racial and Ethnic Approaches to Community Health (REACH) Grant Supplemental Funding**
 - CDC announced a new supplemental funding opportunity to promote vaccine awareness for the second supplemental grant, SD REACH: Expanding Vaccination Coverage, was awarded on 3/30/21 for \$629,640 for an 18-month period between 3/30/21 through 9/29/22.
 - This program will support adult COVID-19 and influenza vaccination coverage for racial and ethnic groups (African Americans, Native Hawaiian/Pacific Islanders, and Hispanic Americans) who are experiencing disproportionate vaccination rates and are at risk for adverse health outcomes associated with influenza and COVID-19.
 - The following contractors will be established to support the grant activities:
 - Fairbank, Maslin, Maullin, Metz & Associates, Inc. (FM3 Research) - \$60,000 to administer vaccine hesitancy survey.
 - Community survey launched 6/14/21 and concluded 6/28/21 with report out expected 7/2/21.
 - Brown Marketing Inc. - \$40,000 to develop and implement a tailored COVID-19 and Influenza communications plan.
 - Community Health Worker Contracts - \$260,000 for up to three contracts to provide COVID-19 and Flu vaccination education and outreach.
- D. **Fellows and Research Associate**
 1. **PHS Administration-Health Equity Unit**
 - **Health and Human Services Agency Director signed a letter of support for SDSU Research Center for a multi-million dollar, multi-year grant to build local research infrastructure for minority health. SDSU Research Center was successful in obtaining the grant referred to as HealthLINK.**
 - **This is part of the grant funds a position for a Research Associate who reports part-time to SDSU and part-time to Jo-Ann Julien in the PHS Office of Health Equity. The Research Associate is working on this project for two years (2021-2023) focused on health equity research projects.**
 2. **Epidemiology and Immunization Services Branch (EISB)**
 - **CDC Epidemic Intelligence Service (EIS) Fellow - two years, FY 21/22 and 22/23.**
 - **Council on State and Territorial Epidemiologists (CSTE) Fellow - two years, FY 21/22 and 22/23.**

3. Maternal Child and Family Health Services

- **Council on State and Territorial Epidemiologists (CSTE) Fellow - two years, FY 21/22 and 22/23. Working on chronic disease surveillance.**

iv. Board Letter Forecast

June 2021	Date	Department	Lead Staff
1. Provide COVID-19 Update	6/8/21	HHSA	Dr. Wooten
2. Harm Reduction Report Back	6/8/21	BHS	Dr. Bergmann
3. Budget Hearings	6/14/21 & 6/16/21		
4. Getting to Zero Annual Update 2021	6/27/21, Board Memo	HSHB	Patrick Loose
5. Budget Deliberations and Adoption	6/29/21		
July 2021			
6. Provide COVID-19 Update	7/13/21	HHSA	Dr. Wooten
7. Accept TB Control and Prevention and Refugee Health Assessment Services Revenue FY 21/22 and Receive TB Elimination Initiative Implementation Plan	7/13/21	TBCRH	Maggie Santibanez
8. Receive the Eliminate Hepatitis C County of San Diego Initiative Implementation Plan	7/13/21	HSHB/EISB	Patrick Loose & Jeff Johnson
9. Accept CDC Funding for COVID-19 Health Disparities Services and Authorize Related Procurements	7/13/21	MCFHS	Adrienne Yancey
10. General Plan Amendment	7/14/21	LUEG	Planning and Development Services
August 2021			
11. Authorize Immunization Services Procurements	8/17/21	EISB	Jeff Johnson
12. Authorize Water Quality Laboratory Equipment Single Source Procurement	8/17/21	EISB	Brett Austin
13. Provide COVID-19 Update and Authorize Single Source Procurement with Abbott Labs for Alinity I Analyzer, Safer At School Early Alert System Contract Extension, and Accept Workforce Development Funds	8/17/21	HHSA	Dr. Wooten
14. Misinformation as a Public Health Crisis	8/31/21	BOS	Chair Fletcher
October 2021			
15. Provide COVID-19 Update	10/5/21		
16. Authorize San Diego Health Connect Contract Extension	10/5/21	ITS	Richard McWilliams

	17. Provide Update for Tobacco Retail License Program Evaluation Memo to the Board	Board Memo	MCFHS	Alison Sipler			
	November 2021						
	18. Provide COVID-19 Update	11/02/21					
	19. Authorization to Develop and Implement Food System Sustainability, Equity, and Local Sourcing Procurement Guidelines and Program and Policy Adoption and Community Gardens (ARPA).	11/16/21	MCFHS	Naomi Billups			
	December 2021						
	20. Provide COVID-19 Update	12/07/21					
	2022						
	21. Provide Tobacco Retail License Program Update/Evaluation	July 2022	MCFHS	Alison Sipler			
	TBD						
	Provide Kratom Ordinance Recommendations						
	Authorize HIV Outpatient Ambulatory Health Services Procurements						
	Accept CDPH Tobacco Control Resource Program Funding						
	<div><div>V. Announcements</div><div><div>A. Personnel</div><div><div>1. New Hires:</div><div><div>○ Dr. Elizabeth Hernandez has been appointed, by Agency Director Nick Macchione, as the Acting Director of Public Health Services. During this time, an open recruitment is taking place for the permanent position. Dr. Hernandez has been serving as the Assistant Director of Public Health Services for the past five years.</div><div><div>○ Dr. Cameron Kaiser was announced as a new Deputy Public Health Officer for Public Health Services, effective August 30, 2021. Dr. Kaiser has extensive Public Health Officer experience in Southern California over the past 15 years.</div><div><div>○ Dr. Eric McDonald has deferred retirement and transitioned to the position of Chief Medical Officer, Medical Care Services Division.</div></div></div></div></div></div></div>						
	<div><div>vi. Site Visits/Audits</div><table><tr><td>Timeframe</td><td>Description</td><td>Auditor</td></tr></table></div>					Timeframe	Description
Timeframe	Description	Auditor					

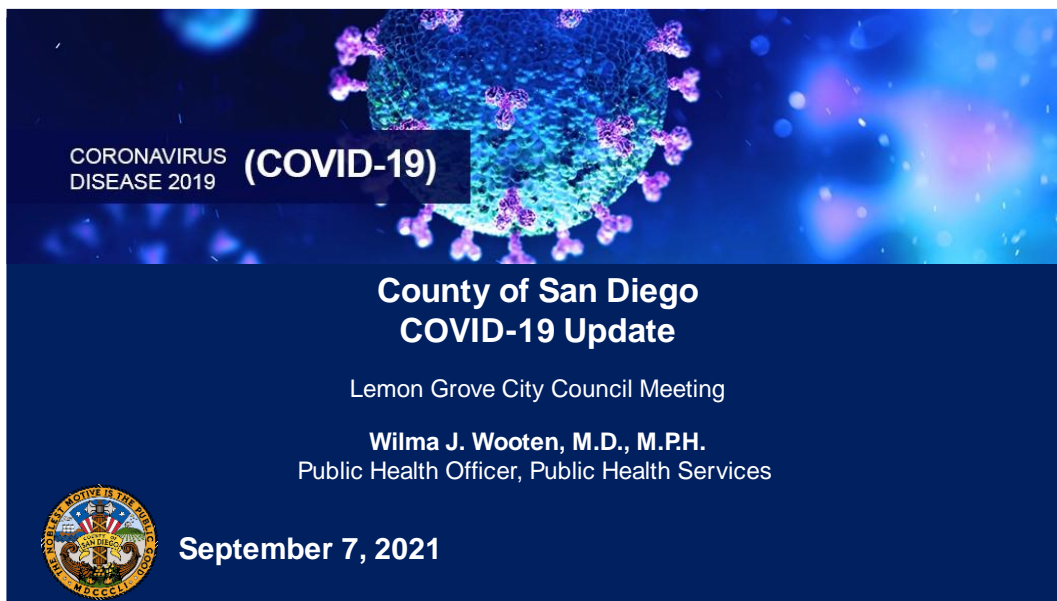
	Visit: 6/21/21 – 6/25/21 Report: TBD	CalFresh annual site visit (virtual) with California Department of Public Health (CDPH)	CDPH Project Officer, Rosanna Oliva	
	Visit: 6/7/21 Report: TBD	County of San Diego-Auditor & Controller-Office of Audits & Advisory Services conducting an audit of PHS Continuity of Operations Plan (COOP) for FY 2019-20 and FY 2020-21	County of San Diego Auditor & Controller-Office of Audits & Advisory Services	
	Visit: 6/7 of 2021 Report: TBD	California Department of Public Health (CDPH) Immunization Branch Vaccines for Children (VFC) Compliance Visit (virtual) at each of our 7 HHSA Public Health Centers. These are often done annually at settings that store and distribute VFC funded vaccine.	CDPH Immunization Branch	
	Visit: 7/28 to 8/2 of 2021 Report: TBD	Centers for Disease Control (CDC) REACH Cooperative Agreement Annual Site Visit (virtual)	CDC Program Officer, Stormie Isreal	
	Visit: 2/21/22-2/25/22 Report: TBD	Health Resources and Services Administration site visit (in person) for Ryan White Part A to cover programmatic and fiscal review.	Health Resources and Services Administration, Lennwood Greene and Sonya Hunt-Gray	
	Visit: TBD Report: TBD	Centers for Disease Control (CDC) Cooperative Agreement Annual Site Visit.	CDC Program Officer	
	Visit: Nov 2021 Report: TBD	CDC Division of Select Agents and Toxins site visit to the Public Health Lab	CDC Lab Staff	
	Visit: 1/31/22-2/4/22	Health Resources and Service Administration for Ending the HIV Epidemic (grant 20-078) to cover programmatic and fiscal review.	Health Resources and Services Administration, Jessica Kreger.	
<p>VII. Recognitions and Awards</p> <p>A. On 5/21/21, San Diego County HHSA PHS Department was notified of receiving six awards from proposals made to the National Association of Counties (NACo). The proposal titles that were awarded include the following:</p> <ol style="list-style-type: none"> 1. Vital Check 2. San Diego County Perinatal Equity Initiative 3. Whole Genome Sequencing 4. COVID-19 Early Alert System: Safer at School Early Alert System 5. Public Health Cross Jurisdictional Strategist and 6. County Elimination Initiatives <p>B. On August 17, 2021, the San Diego County Board of Supervisors proclaimed August as San Diego County Breastfeeding Month. Jamie Felice, a Senior Public Health Nurse with MCFHS, Maternal, Child, and Adolescent</p>				

Health Team, and Advisory Board member of the San Diego County Breastfeeding Coalition, provided input on the proclamation and was on hand to celebrate the achievement.

Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, 9/7/21.

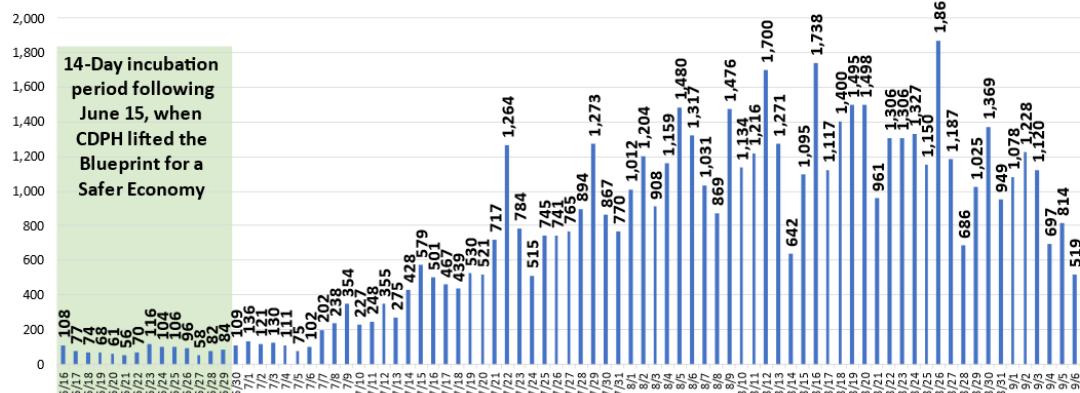
Pg. 4 Add: Research associate with SDSU working with our health equity unit and environmental health

Pg. 5 Add: September or October supervisor Vargas will bring a board letter recognizing the county as a champion for reproduction freedom or choice.



COVID-19 Cases

COVID-19 Cases Among San Diego County Residents
New Cases by Date Reported Since June 16, 2021



Data through September 6, 2021; Updated September 7, 2021 2

COVID-19 CASES

COVID-19 Investigations Summary				
San Diego County Residents				
Day Reported	Confirmed Cases	Probable Cases	Case Investigations	Contact Investigations
Previous Day	519	56	592	417
	Count	Change from Previous Report (9/6/2021)	%	Rate per 100,000
Total Confirmed Cases [†]	340,709		100.0%	10,165.0
Total Probable Cases	19,488			
Total Case Investigations	387,666			
Contact Investigations	175,365			
Selected Characteristics of Confirmed Cases				
Age Groups				
0-9 years	20,945		6.2%	4,831.3
10-19 years	39,015		11.5%	8,995.5
20-29 years	76,748		22.5%	14,455.8
30-39 years	61,701		18.1%	12,591.7
40-49 years	47,868		14.1%	11,993.0
50-59 years	43,642		12.8%	10,790.5
60-69 years	28,081		8.2%	8,251.7
70-79 years	13,178		3.9%	6,592.3
80+ years	9,347		2.7%	7,800.3
Age Unknown	184			
Gender				
Female	173,137		51.2%	10,419.3
Male	165,129		48.8%	9,770.5
Gender Unknown	2,443			
Hospitalizations*				
Intensive Care**	1,788	2	0.5%	
Deaths				
	3,922	0	1.2%	

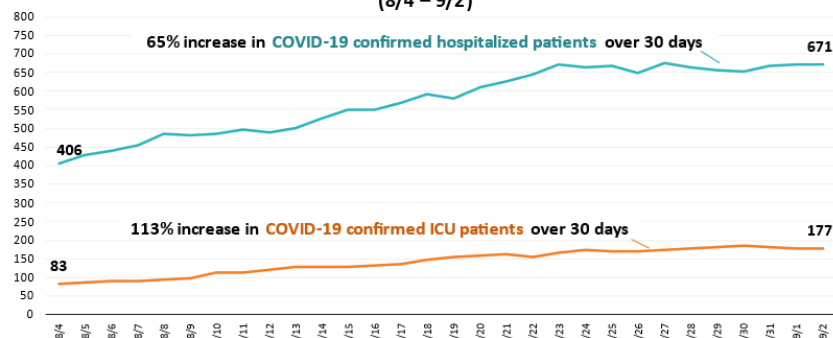
54.7% of cases are between the ages of 20 and 49 years

Data through September 6, 2021; Updated September 7, 2021

3

COVID-19 Hospitalization Census

COVID-19 Confirmed Hospitalized and ICU Patients
30 Days
(8/4 – 9/2)

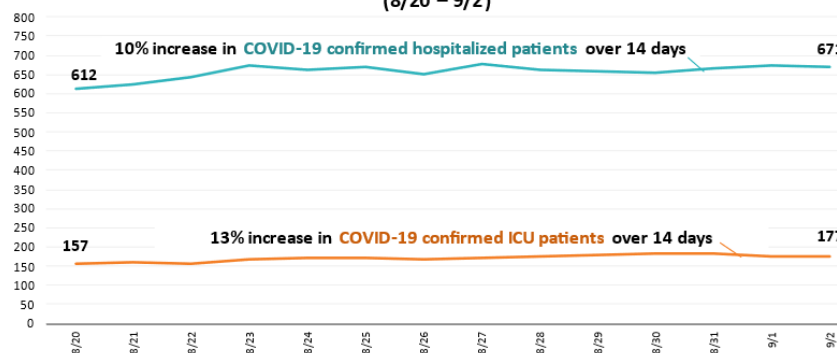


Data are preliminary and subject to change; data from hospitals reporting directly to County of San Diego; census for non-federal hospitals; includes both San Diego County residents and non-residents.
Prepared by County of San Diego, Emergency Operations Center, 9/6/2021

4

COVID-19 Hospitalization Census

COVID-19 Confirmed Hospitalized and ICU Patients
14 Days
(8/20 – 9/2)



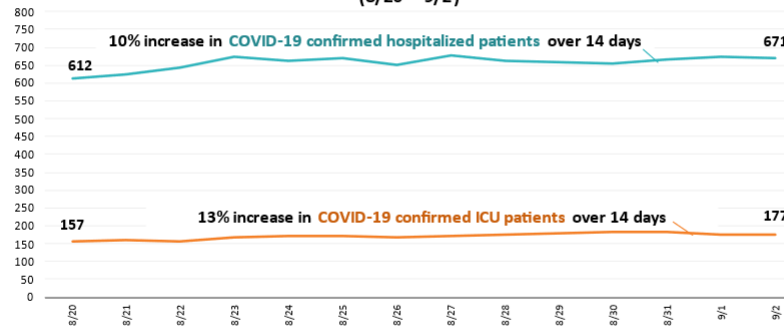
Data are preliminary and subject to change; data from hospitals reporting directly to County of San Diego; census for non-federal hospitals; includes both San Diego County residents and non-residents.
Prepared by County of San Diego, Emergency Operations Center, 9/6/2021

5

COVID-19 Hospitalization Census

COVID-19 Confirmed Hospitalized and ICU Patients

14 Days
(8/20 – 9/2)



Data are preliminary and subject to change; data from hospitals reporting directly to County of San Diego; census for non-federal hospitals; includes both San Diego County residents and non-residents.
Prepared by County of San Diego, Emergency Operations Center, 9/6/2021

5

SARS-CoV-2 Infections by Vaccination Status SINCE JANUARY 1, 2021

San Diego County Residents				
	Fully Vaccinated*		Not Fully Vaccinated	
Total Confirmed Cases*	12,227		146,542	
Hospitalizations	72	0.6%	6,292	4.3%
Deaths	21	0.2%	1,322	0.9%
Age				
Median Age (Years)	41		33	
Age Range (Years)	12 – 104		0 – 112	
Sex				
Female	6,697	55.1%	73,185	50.4%
Male	5,457	44.9%	72,013	49.6%
Variants of Concern				
B.1.1.7 (Alpha)	63		2,442	
P.1 (Gamma)	23		449	
B.1.427 (Delta)	461		1,466	
Non-VOC	27		2,086	
Information on sequencing not available	11,653		140,099	

* Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the second vaccine.
Data through 8/31/2021. Updated 9/01/2021.

6

Cases by Vaccination Status Among San Diego County Residents

Since Jan. 1, 2021		Not Fully Vaccinated*		Fully Vaccinated**		All Cases
	Total Confirmed Cases*	146,542	92.3%	12,227	7.7%	158,769
	Hospitalizations	6,292	98.9%	72	1.1%	6,364
	Deaths	1,322	98.4%	21	1.6%	1,343
	Age					
	Median Age (Years)	33		41		33
	Age Range (Years)	0-112		12-104		0-112

Last 30 Days (8/2/2021 – 8/31/2021)		Not Fully Vaccinated*		Fully Vaccinated**		All Cases
	Total Confirmed Cases*	27,230	81.2%	6,325	18.8%	33,555
	Hospitalizations	651	97.7%	15	2.3%	666
	Deaths	47	95.9%	2	4.1%	49
	Age					
	Median Age (Years)	30		41		32
	Age Range (Years)	0 – 103		12 – 98		0-103

*Not fully vaccinated includes individuals with one dose of the two-dose series, no doses, or unknown vaccination status. Individuals less than 12 years of age who are not yet eligible for the vaccine are also included.

**Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the second vaccine.

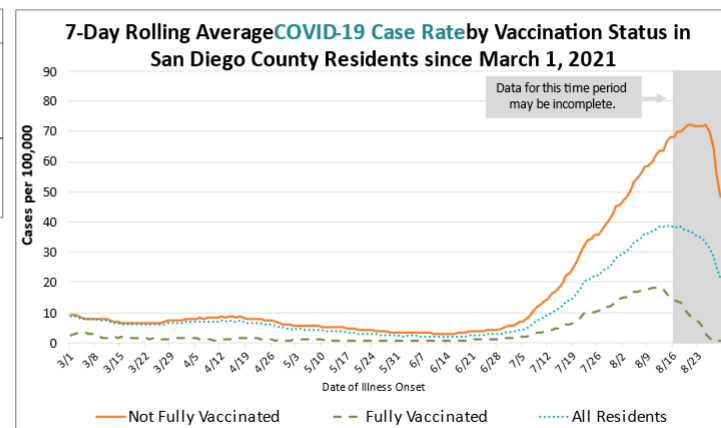
For more information, including variant status, see page 13 of [COVID-19 Watch](#) and the [Summary of Cases by Vaccination Status](#).
Data through 8/31/2021. Updated 9/1/2021.

7

COVID-19 Events by Vaccination Status

Average Daily Cases per 100,000*		
Not Fully Vaccinated**	Fully Vaccinated	
68.0	15.2	
All Residents		38.7

Case rate for not fully vaccinated residents was **4 times higher** than fully vaccinated residents



* 7-day average with 1-day lag 8/21 – 8/14/21

**Not fully vaccinated includes individuals with one dose of the two-dose series, no doses, or unknown vaccination status. Individuals less than 12 years of age who are not yet eligible for the vaccine are also included.

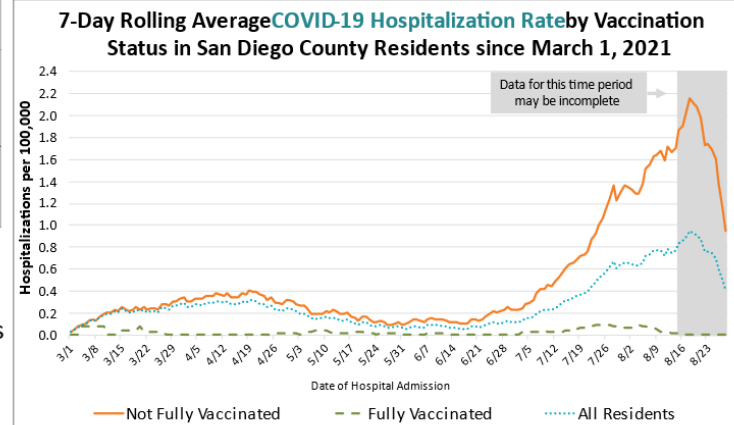
For more information see page 13 of [COVID-19 Watch](#) and the [Summary of Cases by Vaccination Status](#).
Data through 8/28/2021, updated 8/31/2021.

8

COVID-19 Hospitalization Rate by Vaccination Status

Average Daily Hospitalizations per 100,000*	
Not Fully Vaccinated**	Fully Vaccinated
1.71	0.02
All Residents	
0.77	

Hospitalization rate for not fully vaccinated residents is **86 times higher** than fully vaccinated residents



* 7-day average with 1-day lag 8/21–8/14/21

** Not fully vaccinated includes individuals with one dose of the vaccine series, no doses, or unknown vaccination status. Individuals less than 12 years of age who are not yet eligible for the vaccine are also included.

For more information see page 13 of [COVID-19 Watch](#) and the [Summary of Cases by Vaccination Status](#).
Data through 8/28/2021, updated 8/31/2021.

9

COVID-19 VARIANTS

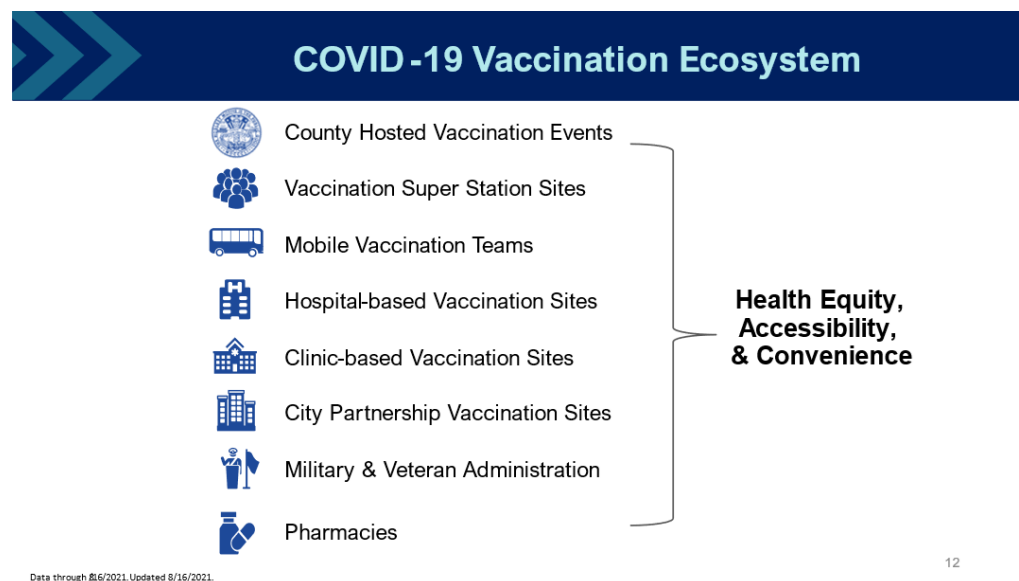
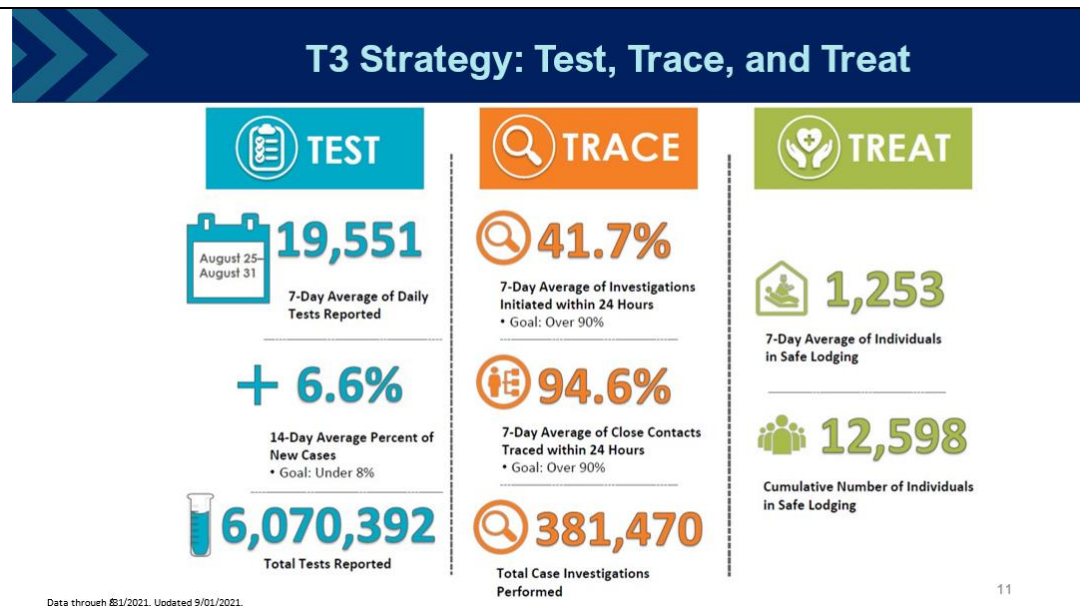
	B.1.1.7		P.1		B.1.617.2	
Location First Detected	U.K.		Brazil		India	
WHO Label	Alpha		Gamma		Delta	
Total Confirmed Cases	2,580		476		1,927	
Onset Illness Date Range	7/8/20 – 8/3/21		9/12/20 – 8/4/21		4/5/21 – 8/16/21	
Hospitalizations	53	2.1%	9	1.9%	50	3.5%
Deaths	4	0.2%	0	0.0%	18	0.9%
Median Age (Years)	31		28		34	
Age Range (Years)	0-93		0-91		0-99	
Female	1,303	50.7%	229	48.3%	1,007	52.3%
Male	1,267	49.3%	245	51.7%	917	47.7%

* Variants of Concern with case counts <10 are not included in this table. Currently, 5 cases of B.1.351/Beta (first detected in South Africa) have been reported. Variants of Interest (VOI) are not included in the above table.

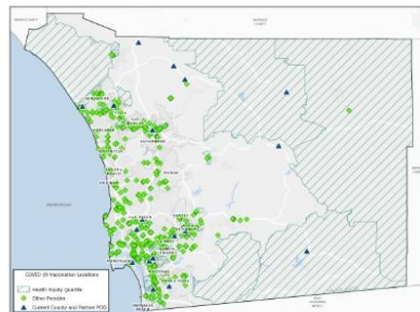
Location First Detected	California	California	U.K./Nigeria	New York	India	Brazil
WHO Label	Epsilon	Epsilon	Eta	Iota	Kappa	Zeta

† Confirmed cases are based on whole genome sequencing (WGS) results, which are not available until approximately 2 weeks after initial testing. These results do not represent all variant cases in San Diego County. Not all confirmed case samples are sequenced and not all sequencing results are immediately available to Public Health Services. Case counts will be updated as sequencing results become available. ‡ If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead. § Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons for whom race is known but ethnicity is not. ¶ Data are preliminary and subject to change. Source: San Diego County Communicable Disease Registry Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch
Data through 8/31/2021. Updated 9/01/2021.

10



Vaccination Sites in San Diego County



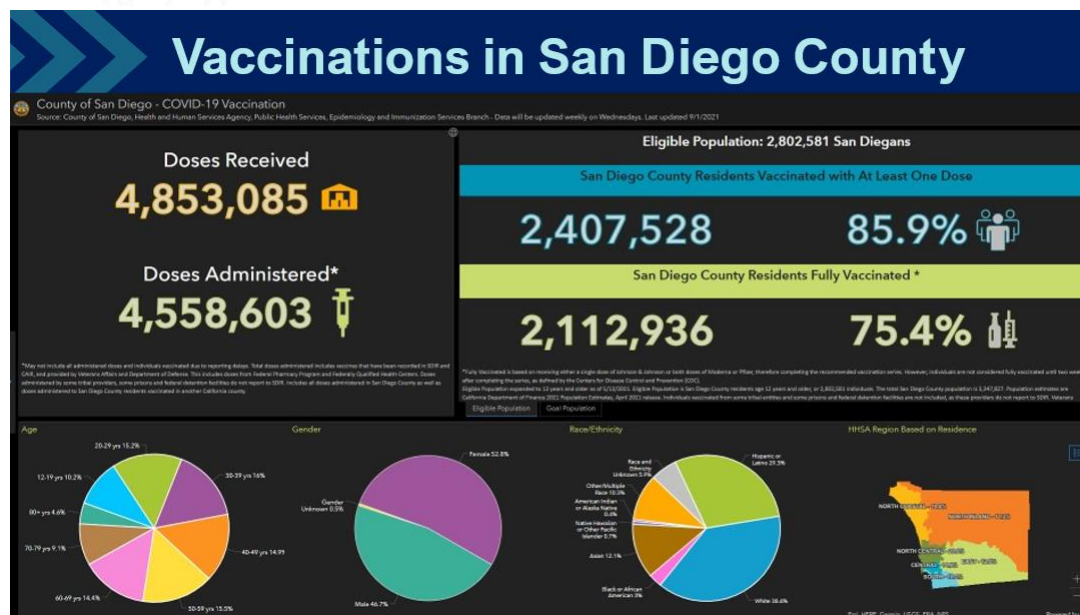
- 3 County-hosted community sites
- 5 Public Health Centers
- 12 County partner sites
- 302 Pharmacies
- 161 Other Providers

Date through 8/6/2021. Updated 8/16/2021.

**Mobile vaccination sites
can be requested on the
San Diego County website:**



13



Vaccine Rate per County – Southern California

County	Doses Administered*	Population 12 Years and Older**	Vaccination Rate***
San Diego	4,574,004	2,802,581	163.2
Imperial	241,724	155,689	155.3
Orange	3,946,877	2,740,277	144.0
Ventura	1,038,374	727,253	142.8
Los Angeles	12,201,077	8,675,422	140.6
Santa Barbara	524,924	383,800	136.8
San Luis Obispo	316,718	247,525	128.0
Riverside	2,432,546	2,104,039	115.6
San Bernardino	2,024,425	1,832,174	110.5
Kern	743,126	753,968	98.6

*Includes first and second doses. Source: California Department of Public Health (CDPH), posted Monday, September 6, 2021. San Diego County additional sources: Veterans Affairs and Department of Defense.

**Source: CA Dept of Finance 2021 Projections.

***Rate of doses administered per 100 population 12 years and older. Vaccination Rates may exceed 100 due to Moderna and Pfizer requiring two doses to be fully vaccinated. There will be more doses administered than the number of individuals in the eligible populations.

15

Vaccine Rate per County – Top 12 Populations

County	Doses Administered*	Population 12 Years and Older**	Vaccination Rate***
San Diego	4,574,004	2,802,581	163.2
Santa Clara	2,830,287	1,681,721	168.3
San Francisco	1,292,092	784,628	164.7
Contra Costa	1,601,052	1,004,995	159.3
Alameda	2,271,733	1,436,253	158.2
Orange	3,946,877	2,740,277	144.0
Los Angeles	12,201,077	8,675,422	140.6
Sacramento	1,726,468	1,317,710	131.0
Fresno	977,784	841,654	116.2
Riverside	2,432,546	2,104,039	115.6
San Bernardino	2,024,425	1,832,174	110.5
Kern	743,126	753,968	98.6

*Includes first and second doses. Source: California Department of Public Health (CDPH), posted Monday, September 6, 2021. San Diego County additional sources: Veterans Affairs and Department of Defense.

**Source: CA Dept of Finance 2021 Projections.


***Rate of doses administered per 100 population 12 years and older. Vaccination Rates may exceed 100 due to Moderna and Pfizer requiring two doses to be fully vaccinated. There will be more doses administered than the number of individuals in the eligible populations.

16

FDA Vaccine Approval

FDA Approves First COVID-19 Vaccine

Generic Name: Tozinameran | Brand Name: Comirnaty



- On August 23, the U.S. Food and Drug Administration approved the first COVID-19 vaccine.
- FDA approves Comirnaty (COVID-19 Vaccine, mRNA), which was previously known as Pfizer-BioNTech COVID-19 Vaccine, for the prevention of COVID-19 disease in individuals 16 years of age and older.
- The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.

Monoclonal Antibody Regional Center (MARC)

Ways to Access Monoclonal Antibodies at a MARC

- If you think you qualify, call **(619) 685-2500** with questions or to make an appointment
- You can talk to your doctor or health provider to see if you would benefit
- Your doctor can call **(619) 685-2500** with questions
- For additional information visit: www.sandiegocounty.gov/COVIDHealthProfessionals
- Email us at: CovidTreatment@sdcounty.ca.gov

LOCATIONS

MARC at Vista Community Clinic Vista Since July 13, 2021	MARC at Escondido Escondido Since August 4, 2021	MARC at Clairemont Friendship Center Clairemont Coming Soon	Family Health Centers of San Diego Hillcrest & Chula Vista Since June 2021
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Comment from Greg Knoll: One can get a booster at CVS.

Comment from Dr. Wooten: People might go and get it but it's not currently recommended until we get that guidance from the FDA and CDC.

	<p><u>Comment from Eric Mcdonald:</u> There's a difference between the third shot, a shot that they are immunocompromised and a booster shot which has not been recommended by the FDA and indeed if someone goes and falsely test there's not much you can do about that. Actually providers should not be giving booster shots to people who are not immunocompromised because they are not covered by the protection that is giving vac to people that are ACIP and FDA authorized are in fact afforded at the present time.</p> <p><u>Comment from Ana Melgoza:</u> Vice chair Vargas, highlighted a program a program that we are doing and misinformation is really a big barrier. We have been building questions around the age group 20-49, if we were able to answer them in real time, they would get the vaccine. Our goal is to get those hard to reach.</p> <p><u>Comment / Question from James Lepanto:</u> Now that schools are starting to open, what are we anticipating in the county?</p> <p><u>Answer from Dr. Wooten:</u> We will see increase in cases and outbreaks. It's just going to get worse.</p> <p><u>Comment from Greg Knoll:</u> Did we have two teachers die?</p> <p><u>Answer from Dr. Wooten:</u> I have not heard that but I will investigate and ask.</p>	
VIII. Round Table	<p><u>Comment from Tim Fraser:</u> Follow up to Greg about the 2FQ a part of the HIE, it is Borrego Health and Samaha Health.</p> <p><u>Comment from Afflalo, Suzanne, Dr:</u> Follow up on the certain percentage on the young people not vaccinated. I partnered with some high schools and the goal is to make is mandatory to show up with their vaccination card or get vaccinated on site but m problem is the parents, I will try to have informational items for them before the day so they can allow their kids to get vaccinated.</p> <p><u>Comment from Caryn Sumek:</u> Follow up on the Pediatric Preparedness, the hospital meet with county both public health and EMS through the health service capacity task force, they have a sub-work group that's going a pediatric search plan. We've always had one but we're just updating it.</p> <p><u>Question from Greg Knoll:</u> to Dr. Afflalo - Have you've been in conversation with the CIF about not allowing kids to play if they are not vaccinated?</p>	
IX. Public Comment (on agenda items)	No comments or questions	
X. Adjournment	Meeting adjourned at 4:31 pm.	
XI. Supplemental Information	Next HSAB Meeting: Tuesday October 5 th , 2021, 3:00 – 5:00 pm – Microsoft Teams	